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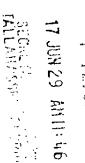
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COVER LETTER

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ation: PEG	-A SUS BEI	4AVIORAL HEALTH, IN
DOCUMENT NUMB	ER:	1700004.	3 796
	of Amendment and fee are su		
Please return all corres	pondence concerning this mat	ner to the following:	
- -			Jek oral Health Inc. ino DR. FL 33461 EALTHCENTER Com notification)
	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas		
EVA Name o	DVDEK f Contact Person	ar (5 É / Area Coo	906 9064 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtiment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address ndment Section	· · · · · · · · · · · · · · · · · · ·	Address ment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation

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<u>}</u>	Ì	in. •	<u>. </u>	į,

of	_
PEGASUS BEHAVIORAL HEALTH 17 AV 23 AVIIII (Name of Corporation as currently filed with the Florida Dept. of State)	16
(Name of Corporation as currently filed with the Florida Dept. of State)	.,-
TAU ARASSA COLO	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation:	indment(s
A. If amending name, enter the new name of the corporation:	
$\mathcal{J} \setminus \mathcal{A}$	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevi "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contai word "chartered," "professional association," or the abbreviation "P.A,"	iation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
N)A -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent \mathcal{N}	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	5	Juy Rizzo	9935 Palomino Dr
Add		·	Lake WORTH, FL 33467
Remove			
2) Change		BEATRICE RIZZO	9935 Palomino Dr
X_ Add			Lake WORTH FL 33467
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
×		
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If an amendment provides for an exch	ange, reclassification, or can	cellation of issued shares,
provisions for implementing the ame	ndment if not contained in th	e amendment itself:
(if not applicable, indicate N/A)		
R		
		
		
	·	
		

The date of each amendment(s) ac		, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	6/26/17	
Signature	rector, president or other officer – if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	EVA Dudek	
	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	
	(Title of person signing)	